

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 14 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

28776

1. PLACE OF DEATH

County Cooper
Township Boonville
City Boonville (No. 298)

Registration District No. 218
Primary Registration District No. 301-5

File No. 116
Registered No. 298 St. Boonville Ward 1

2. FULL NAME

(a) Residence, No. Miss Jannita Barbour St. Versailles Ward mo
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

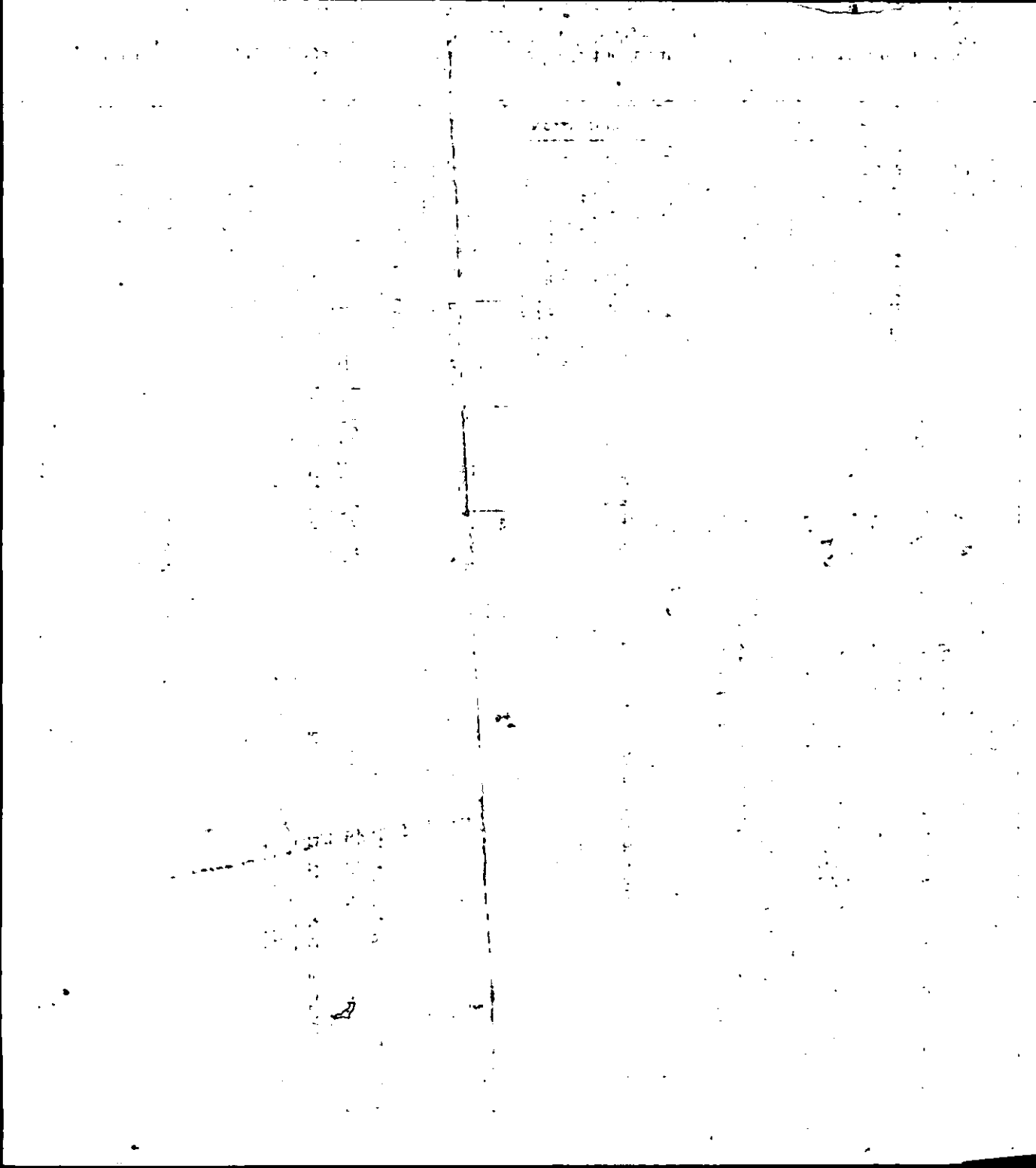
PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 19 - 1910</u>		
7. AGE <u>23</u>	YEARS <u>8</u>	MONTHS <u>19</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Office work</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Morgan Co mo</u>		
FATHER 13. NAME <u>Mr. Clete Barbour</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miller Co mo</u>		
MOTHER 15. MAIDEN NAME <u>Miss Clete Barbour</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Morgan Co</u>		
17. INFORMANT (ADDRESS) <u>C. M. Barbour</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Versailles</u> DATE <u>Aug 9</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>W. F. Harrison</u>		
20. FILED <u>877</u> 19 <u>34</u> <u>P. W. Barbour</u> Registrar		

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>8-7-34</u> 11 AM 19 <u>34</u> to <u>5 PM</u> - <u>8-7-34</u> , 19 <u>34</u>	Date of onset <u>8-7-34</u>
22. I HEREBY CERTIFY That I attended deceased from <u>8-7-34</u> 11 AM 19 <u>34</u> to <u>5 PM</u> - <u>8-7-34</u> , 19 <u>34</u> I last saw him alive on <u>8-7-34</u> , 19 <u>34</u> . Death is said to have occurred on the date stated above, at <u>5 P. m.</u> The principal cause of death and related causes of importance were as follows: <u>Inter-cranial hemorrhage</u> <u>Infarction</u> <u>206 M</u> <u>82 A</u> Other contributory causes of importance:	
Name of operation <u>None</u> Date of <u>None</u> What test confirmed diagnosis? <u>None</u> Was there an autopsy? <u>No</u>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>Not</u> Date of injury <u>8-7-34</u> 19 <u>34</u> Where did injury occur? <u>U. S. 206 M</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>P. A. Cross</u> <u>Highway</u> <u>U. S. 206 M</u> Manner of injury <u>Train</u> Nature of injury <u>Brain lesion</u>	
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>No</u> (Signed) <u>A. C. Harrison</u> M. D. (Address) <u>Boonville mo</u>	



Cooper.

BUREAU OF THE CENSUS

116

WASHINGTON

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Passenger in auto. Hit by train on RR crossing

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

This information is sought for statistical purposes only and in order that the

This information is sought for statistical purposes only and in order that the
 report may be complete and correct. Please reply promptly using the en-
 closed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 218

Primary Reg. Dist. No. 5298

E. T. McLaugh. M.D.
15.

Special Agent.

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